

POLICY

Portfolio	Fellowship Engagement	Ref. No.	POL-3173
Department	Fellowship Services		
Title	Returning to Work after a Period of Leave		

1. PURPOSE AND SCOPE

This policy outlines consideration for support as trainees, Fellows and Specialist International Medical Graduates (SIMGs) return to work from a period of leave. This policy aims to support those returning to work after a period of prolonged leave, and to highlight areas of best practice. For this policy, prolonged leave is defined as 6 continuous weeks or more and does not cover those requiring restoration to the medical register

2. KEYWORDS

Training, interruption, flexible, absence

3. BODY OF POLICY

3.1. Background

Returning to work in surgery after a period of prolonged leave has both technical and professional challenges. Confidence, knowledge and skills can all be affected by time away from practice, return can be daunting and is a point where trainee attrition can occur.

Taking time out of the surgical environment for various reasons is common. 5-6% of SET trainees take approved time out of the program at any time. RACS Fellows and SIMGs also take a period of leave. Some of the reasons for prolonged leave include:

- Parental leave/caring responsibilities
- Illness or trauma
- Further study/research
- Burnout
- Discrimination, bullying or sexual harassment
- Personal development
- Long Service Leave

3.2. Definitions

3.2.1. For this policy, prolonged leave is defined as 6 continuous weeks or more.

3.2.2. Return to practice – Both the Medical Council of New Zealand and Medical Board of Australia have policies and regulation regarding returning to practice after a period of absence. Trainees, Fellows and supervisors should familiarise themselves with these requirements, which vary depending on reason for leave, length of time away and country of practice.

3.2.3. This policy does not cover those requiring restoration to the medical register.

3.2.4. This policy should be read in conjunction with POL_3039, Re-skilling and Re-entry Program Guidelines. Policy 3039 primarily addresses Fellows who have had an extended period of absence from clinical practice and wish to return.

3.3. Objectives

3.3.1. Assist Fellows, trainees and SIMGs to safely return to training and work

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- 3.3.2. Encourage behaviour and culture that is in the best interests of patients, surgeons and their families. Normalise taking time off as a standard event in a surgical career.
- 3.3.3. Create a culture promoting health and wellbeing in the surgical profession
- 3.3.4. Comply with relevant legislation and requirements of regulatory bodies.

3.4. Policy

RACS is committed to supporting trainees, SIMGs and Fellows taking time out of the workforce at any stage of their career and facilitating smooth re-entry into the workforce.

Any trainee or Fellow who has had a period of more than 6 continuous weeks away from work should have support available before returning to work and/or training and for several weeks/months afterwards depending on need. The participation of trainee/Fellow/SIMG in a supported return to training/work program is optional. Support can also be offered at any time if requested by the trainee, Fellow or as a requirement of the regulatory body. Accepting support should not be viewed as a negative factor by the trainee, supervisor, RACS or employing body. Those returning to work or training may have concerns regarding their clinical competence, confidence, current knowledge and colleagues' perceptions. Putting in place a comprehensive return to work and training plan as well as facilitating networks and support from others with similar experience can help to alleviate these concerns.

While the participation in this policy is optional for the trainee/Fellow/SIMG taking leave, a supervised return to practice may be mandatory in some circumstances and overseen by regulatory bodies.

3.5. Key time points

The key timepoints in the return to work and training pathway are:

- Pre-absence period – if the absence is planned, e.g., parental leave or research, then this is a good time to start discussions regarding planned leave and establish mechanisms for returning to work with the Fellow/trainee/SIMG, including agreements on communication methods during their leave.
- Absence period – it may be useful to have informal catchups or communication, in person or virtually, with the Fellow/trainee/SIMG during their leave. This can help with signposting to resources, maintain connectedness, troubleshooting and starting planning for return. This is particularly useful for periods of unplanned leave. Keeping in touch days can be used for this purpose.
- Preparation period for return to work and/or training – the period immediately before return with details of the support plan should be finalised with the Fellow/trainee/SIMG.
- Transition period back into training/work
- Return review meeting.

3.6. Creating a culture of wellbeing in surgery

Improving the health of others must not come at the cost of our own. The World Health Organisation states that “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” RACS recognises the existence of a culture of presenteeism in the surgical workplace which can act as a barrier for trainees and Fellows returning to training and/or work after a period of prolonged leave.

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Training boards, training supervisors, health employers and Fellows, trainees and SIMGs are encouraged to create a culture of wellbeing in surgery by operating with respect at all times and supporting the Wellbeing Charter for Doctors.

RACS will continue to work to create a positive culture of wellbeing in surgery by normalising leave as part of a surgical career so surgeons can achieve a healthier work/life balance.

3.7. Professional considerations

When a Fellow, trainee or SIMG is returning to work and/or training, RACS suggest employers and supervisors discuss the following considerations to facilitate a safe transition back into the surgical workplace:

- 3.7.1. Expectation of same job-size and responsibilities as prior to leave
- 3.7.2. Opportunity for flexibility – either temporary or ongoing to adequately reflect changing needs of the Fellow/trainee/SIMG. This may require proactive planning for increased staffing by the employer to accommodate the changed needs while maintaining service delivery, e.g., temporarily over allocating registrars to a specific unit.
- 3.7.3. A scheduled meeting with training supervisor/clinical director/manager to discuss the plan for supported return-to-work, areas of any concern (e.g., technical skills) and accommodations required.
- 3.7.4. Re-induction/orientation day to familiarise with policies, procedures, digital health software, computer, site access etc.
- 3.7.5. On-call responsibility – consider graduated or supported on-call roster. Avoid scheduling out-of-hours on-call during the initial return period, instead roster assigned daytime emergency duties to increase competence and confidence when help and support is readily available. Options of back up or second on-call, reduced on-call frequency to reflect increased commitments outside of work e.g., childcare, medical appointments, rehabilitation program etc.
- 3.7.6. Suitability of workplace location re-assessed to align with changed support requirements during return-to-work transition period.
- 3.7.7. Support attendance at conferences, skills courses (which might include refresher surgical skills, simulation, resuscitation, trauma, laparoscopic and endoscopic courses), or the simulation/clinical skills centre to regain confidence and refresh skills prior to return.
- 3.7.8. All training and cases performed during a supported return to training should be accredited as part of competency-based training.

3.8. Operating - technical considerations

- 3.8.1. When a Fellow, trainee or SIMG is returning to work and/or training, RACS suggest employers and supervisors discuss the following considerations to facilitate a safe transition back into the operating theatre:
- 3.8.2. Documentation of caseload and casemix prior to leave to enable return to similar activity or set attainable training objectives.
- 3.8.3. An individualised graded technical re-introduction of operative complexity
- 3.8.4. Scaffolded support in the operating theatre which may include supervised lists or availability of mentor back up.

3.9. Human Resources consideration

When a Fellow, trainee or SIMGs is returning to work and/or training, RACS suggest employers and supervisors discuss the following considerations for work responsibilities and rostering:

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- 3.9.1. Administrative workloads and responsibilities. For example, are additional supervisor/leadership roles still appropriate when returning from leave due to burnout at work?
- 3.9.2. Roster patterns and start/finish times (childcare, appointments etc)
- 3.9.3. Breaks (including for breastfeeding, rehabilitation appointments etc)
- 3.9.4. Adjustments to physical environment to accommodate needs e.g., physical disability.
- 3.9.5. Acknowledgement that productivity may be temporarily decreased as a normal part of on-ramping into the workplace. Planning staffing to maintain service delivery during this period.
- 3.9.6. Keeping-in-touch days. RACS encourages employers to provide paid keep-in-touch days for all Fellows, trainees or SIMGs. This may be a legislative requirement for those on parental leave. A Fellows, trainee or SIMG may require up to 8 days for maintaining a connection to the workplace, training or other professional skills and activities negotiated on an individual basis to facilitate a smooth return to work and training. There may be difficulty taking keeping-in-touch days until immediately prior to returning to work due to caring or research commitments or due to illness. A bespoke package, suited to individual circumstances and skills will be necessary.

3.10. Support mechanisms

- 3.10.1. RACS has an expectation that the surgical department will provide the following support to returning Fellows, trainees and SIMGs:
- 3.10.2. Acknowledge potential challenges and provide collegiate support and supervision.
- 3.10.3. Departmental and hospital level mentorship, including a senior trainee, post-fellowship trainee or consultant, ideally who has had a similar work absence, to guide through the return-to-work challenges. Providing mentorship counts towards CPD points.
- 3.10.4. Multidisciplinary team support if considered appropriate.
- 3.10.5. Confidential independent counselling and mental health support. This is also available through Converge International for all RACS Fellows, trainees and SIMGs.
- 3.10.6. Understanding that reduced confidence after prolonged leave is normal and extra support may initially be required.
- 3.10.7. Acknowledge that staff returning from prolonged leave are at risk of discrimination, bullying or sexual harassment, particularly if this was an issue preceding leave.
- 3.10.8. Provide a list of surgeons (with consent) who have returned to work after similar time off and/or circumstances.
- 3.10.9. Evaluation of expected skill set, extension of training time or period of increased skills support.

3.11. RACS responsibilities

- 3.11.1. RACS is committed to ensuring surgeons are adequately supported to safely return to work and improving surgeon wellbeing. To facilitate this RACS commits to creating:
- 3.11.2. A defined return to training and work process with centralised co-ordination to ensure individuals can easily access support, as this can be difficult to navigate during this period of transition.
- 3.11.3. An education campaign to normalise taking a break from work, outline common challenges and highlight support mechanisms already available. This may include policy champions, educational modules.

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- 3.11.4. Promotion of Return to Training and any necessary upskilling of training programme directors, educational supervisors to ensure a reliable Return to Training process is followed. Training Boards being aware of potential challenges returning trainees may face and expected to support these trainees.
- 3.11.5. Trainee involvement throughout the design, implementation, monitoring and evaluation, and continuous improvement of the strategy and delivery.
- 3.11.6. A supportive working environment to help improve equity and diversity.

References

Report on Supported Return to Training by NHS

https://www.hee.nhs.uk/sites/default/files/documents/Supported_Return_to_Training.pdf

CRASH Course anaesthesia as a model for potential RACS courses

<https://www.thermh.org.au/health-professionals/continuing-education/anaesthesia-and-pain-management-courses/crash-course>

Royal College of Surgeons Edinburgh Return to Work Guide

<https://www.rcsed.ac.uk/professional-support-development-resources/career-support/return-to-work>

SupoRTT NHS program

<https://www.hee.nhs.uk/our-work/doctors-training/supporting-doctors-returning-training-after-time-out/supportive-culture>

Return to work for higher surgical trainees: a deanery perspective.

<https://publishing.rcseng.ac.uk/doi/pdf/10.1308/rcsbull.2020.173?download=true>

Health Education England Supported Return to Training

<https://www.hee.nhs.uk/our-work/supporting-doctors-returning-training-after-time-out>

BMJ Returning to Work module

<https://new-learning.bmj.com/course/10060748>

Returning to Practice checklist by GP College

<https://www.racgp.org.au/getattachment/d4e0afd5-3fc8-4cea-bb2c-99f3cc2cc63b/Intended-absence-from-practice-A-checklist-for-the-GP.pdf.aspx>

Medical Council of New Zealand

<https://www.mcnz.org.nz/registration/maintain-or-renew-registration/taking-a-break-or-retiring-from-medical-practice/>

Medical Board AHPRA recency of practice definitions

<https://www.medicalboard.gov.au/News/2016-09-29-revised-registration-standards.aspx>

4. ASSOCIATED DOCUMENTS

Wellbeing Charter for Doctors

Re-skilling and Re-entry Program Guidelines

Approver: PSFSC

Authoriser: Council